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| **Donation Form** | Theta Chi Fraternity |

## Donor Information

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| BUSINESS NAME | NAME (LAST, FIRST, M.I.) |
| STREET ADDRESS | EMAIL |
| CITY, STATE, ZIP | PHONE |
| WEBSITE | ALTERNATE PHONE |

## Donation Description

|  |  |
| --- | --- |
| CHECK ONE: 🞏 CASH 🞏 PRODUCT / ITEM 🞏 SERVICE 🞏 OTHER | |
| AMOUNT / DESCRIPTION | DATE |
| NOTES | |

## Contact Information

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| **Theta Chi Fraternity**  800 David Ross Road  West Lafayette, IN, 47906  **www.organization-site.org** |  |